



# Health Care Provider Questionnaire Form

Total Nurses Network  
www.tn-networks.com  
Nurses@tn-networks.com  
800-510-8802

(Please Complete All Sections)

Name of Hospital/Nursing Home/Other: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Are you currently using supplemental staffing services?    Yes     No

If yes, which of the following areas request assistance with staffing?

Floor     Telemetry     ICU     PCU/Neo-Natal     Other

Which areas are hardest to cover?

Floor     Telemetry     ICU     PCU/Neo-Natal     Other

If no, whom would you call if you ever needed assistance with staffing?

\_\_\_\_\_

Are you having any challenges in your recruiting of:

Rn's                                      Yes     No     Comments: \_\_\_\_\_

LPN's                                      Yes     No     Comments: \_\_\_\_\_

Aides                                      Yes     No     Comments: \_\_\_\_\_

Sitters                                      Yes     No     Comments: \_\_\_\_\_

Therapists/Technician                      Yes     No     Comments: \_\_\_\_\_

What shifts are the hardest to cover?

Weekdays: 7-3   
3-11   
11-7

Weekends: 7-3   
3-11   
11-7

How often to you need assistance with covering these shifts? \_\_\_\_\_

What days are hardest to cover in your facility(s)?

Mon	Tue	Wed	Thurs	Fri	Sat	Sun
1	1	1	1	1	1	1
2	2	2	2	2	2	2
3	3	3	3	3	3	3

Approximately how many shifts in a week are you requesting? \_\_\_\_\_

What are your peak seasons/months when you need assistance with staffing?  
\_\_\_\_\_

Who normally orders supplemental staffing for nurses? \_\_\_\_\_

- a. Is it in the nursing office or individual units? \_\_\_\_\_
- b. Is this for all shifts? \_\_\_\_\_
- c. Is this also for weekends? \_\_\_\_\_
- d. Is this also for nights? \_\_\_\_\_

For CNA's?

- a. Is it in the nursing office or individual units? \_\_\_\_\_
- b. Is this for all shifts? \_\_\_\_\_
- c. Is this also for weekends? \_\_\_\_\_
- d. Is this also for nights? \_\_\_\_\_

For Private Duty sitters?

- a. Is it in the nursing office or individual units? \_\_\_\_\_
- b. Is this for all shifts? \_\_\_\_\_
- c. Is this also for weekends? \_\_\_\_\_
- d. Is this also for nights? \_\_\_\_\_

Is there a contract or purchase order system? \_\_\_\_\_

Who is your Chief Nursing Officer/Director of Nursing? \_\_\_\_\_

Who is your Administrator? \_\_\_\_\_

What agencies are currently helping with your staffing needs?  
\_\_\_\_\_

What do you like about them? \_\_\_\_\_

Are they meeting 100% of your needs?    Yes     No

How much advance notice are you normally able to give when calling in an order?  
\_\_\_\_\_

Are you the individual who decides when to use agencies for staffing needs?    Yes     No

What is the best day and time for an appointment? \_\_\_\_\_

Please mail or fax completed form to:  
Total Nurses Network  
1515 North Harlem Avenue - Suite 110  
Oak Park, Illinois 60302-1205  
Fax: 800.407.9352



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